

WASTE TIRE MANIFEST
Indiana Department of Environmental Management
Use of this form is required by 329 IAC 15-4-13 and IC 13-20-14-5.

GENERATOR					
Generator Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone Number (including area code) _____			Shipment Origin _____ Location Address _____ City _____ State _____ Zip Code _____ Telephone Number (including area code) _____		
Description of Shipment: Material: _____ (Whole tires, Shredded tires, etc.) If whole tires, how many of each type: Passenger car tires _____ Truck tires _____ Other tires _____ If shredded tires, approximate weight (in tons) _____ or volume (in cubic yards) _____ Generator's Authorized Agent _____ Signature _____ Date of Shipment _____					
TRANSPORTER					
Registration No. _____ Transporter Name: _____ Address: _____ City _____ State _____ Zip Code _____			Telephone: (_____) _____ Driver's Name: _____ <div style="border: 2px solid black; padding: 5px; text-align: center; margin-top: 10px;">THE TRANSPORTER MUST GIVE A COMPLETED COPY OF THIS FORM TO THE GENERATOR.</div>		
I CERTIFY THAT THE MATERIAL DESCRIBED ABOVE WAS PICKED UP AT THE SITE DESCRIBED ABOVE. Driver's Signature _____ Date of Pickup _____					
DESTINATION					
Site Name: _____ Address: _____ City _____ State _____ Zip Code _____			Telephone: (_____) _____ Permit/Registration No. _____ State: _____		
I CERTIFY THAT THE MATERIAL DESCRIBED ABOVE HAS BEEN ACCEPTED AND, TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS TRUE AND ACCURATE. Name of Authorized Agent _____ Signature _____ Receipt Date _____					

THE WASTE TIRE TRANSPORTER MUST COMPLETE THIS FORM FOR EACH SHIPMENT OF WASTE TIRES.

